FACT SHEET FOR OP-33: EXTERNAL BEAM RADIOTHERAPY FOR BONE METASTASES

Description: Percentage of patients, regardless of age, with a diagnosis of bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme.

Numerator: All patients, regardless of age, with bone metastases and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, and 8Gy/1fxn.

Denominator: All patients with bone metastases and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases. The denominator population for OP-33 can be determined by claims submitted with ICD-10-CM codes C79.51 or C79.52 and CPT® codes 77402, 77407, or 77412.

Do use physician’s documentation of a medical reason to exclude only when the documentation clearly identifies one of the exclusion criteria and associates it with the site being treated with EBRT. Examples include:

- “Patient has previously received radiation treatment to the same anatomic site.”
- “Patient has a bone metastasis that has caused spinal cord compression; this bone metastasis will be treated with EBRT.”
- “Patient has radicular pain as a result of a bone metastasis that will be treated with EBRT.”
- “Patient has undergone surgical stabilization as a result of a bone metastasis that will now undergo treatment with EBRT.”

Do consider all encounters that result from a single treatment plan as one case, with the case being attributed to the first date of administration of EBRT.

Do consider the administration of EBRT to different anatomic sites as separate cases.

Do include cases when the treatment plan was initiated but not completed.

Do include cases where any portion of the EBRT treatment is billed as part of the outpatient bill.

Do not include patients who receive EBRT for a reason other than bone metastases.

Do not include patients who are part of a prospective clinical protocol involving the administration of radiation, especially stereotactic radiosurgery (SRS) or stereotactic body radiation therapy (SBRT).

### SAMPLING SIZE REQUIREMENTS PER YEAR FOR OP-33

<table>
<thead>
<tr>
<th>Population Per Year</th>
<th>Sampling Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 39</td>
<td>Include all cases</td>
</tr>
<tr>
<td>40 - 200</td>
<td>40</td>
</tr>
<tr>
<td>201 - 500</td>
<td>20% of cases</td>
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<tr>
<td>&gt;501</td>
<td>100</td>
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</tbody>
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January 2017
FREQUENTLY ASKED QUESTIONS

Q: Patients receiving EBRT have multiple encounters; which encounter should I abstract for OP-33?
A: Group the encounters together as one case and abstract the initial encounter to determine the physician’s prescribed fractionation scheme.

Q: A patient previously received EBRT to the femur and is now being treated with radiation to the humerus. Should this patient be included in the measure for the humerus EBRT treatment?
A: Yes. The previous radiation was to a different anatomical site; therefore, it is irrelevant in this instance. Since this is the first EBRT treatment to the femur, the case should be included in the measure.

Q: A patient received EBRT, but the physician’s documentation on the initial treatment plan noted this was a “re-treatment.” Should this case be excluded?
A: Yes. When the documentation states the EBRT was prescribed as “re-treatment” or “re-irradiation,” this is an indication that the patient has previously received radiation to the same anatomic site.

Q: Is CyberKnife® or Gamma Knife® considered EBRT?
A: No. These are trade names for Stereotactic Radiosurgery.

Q: Does the exclusion criteria “Patients with femoral axis cortical involvement > 3 cm” apply to all cases?
A: No. This exclusion is specific to patients with femoral metastases and is determined by imaging studies.